



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E339441**

|   |                                      |   |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/>             | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/>      |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/>       | STOLEN VEHICLE <input type="checkbox"/>     |
| COUNTY RD <input type="checkbox"/>              | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

TRIBAL RESERVATION ☐

CASE # **14-01541**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **03** OBJECT STRUCK ☐

DATE OF COLLISION **07** - **04** - **2014** TIME (2400) **1715** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐  
**STATE ROUTE 9** BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **MARKET PLACE**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **KUCHAN** FIRST NAME **ROBERT** MIDDLE INITIAL **E**

STREET NEW ADDRESS ☒ **17324 58TH STREET SE**

CITY **SNOHOMISH** ST **WA** ZIP **98290**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **KUCHARE353C8** STATE **WA** SEX **M** D.O.B. **02** - **28** - **1965**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **ADJ6151** STATE **WA** VIN# **1GNET16S536196568**

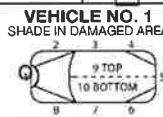
TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2003** MAKE **CHEV** MODEL **TRAIL** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **AMERICAN FAMILY 23359308Q277FPPA-WA**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **LOSIER** FIRST NAME **AREN** MIDDLE INITIAL **M**

STREET NEW ADDRESS ☐ **3106 8TH STREET**

CITY **EVERETT** ST **WA** ZIP **98201**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **LOSIEAM193B9** STATE **WA** SEX **F** D.O.B. **01** - **29** - **1981**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **005ZLW** STATE **WA** VIN# **5NMSH73EX9H316410**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2009** MAKE **HYUN** MODEL **SANTA** STYLE **SW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **USAA 017371544U**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E339441**

CASE # **14-01541**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

|                                       |                                     |   |                          |        |          |              |          |        |          |        |          |       |          |                    |           |                 |             |   |
|---------------------------------------|-------------------------------------|---|--------------------------|--------|----------|--------------|----------|--------|----------|--------|----------|-------|----------|--------------------|-----------|-----------------|-------------|---|
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                     | <b>MALMBERG ELIZA A</b>                       |                          |        |          |              |          |        |          |        |          |       |          |                    |           |                 |             |   |
| ADDRESS & PHONE #                     |                                     | <b>1348 N 167TH STREET SHORELINE WA 98133</b> |                          |        |          |              |          |        |          |        |          | SEX   | <b>F</b> | D.O.B.<br>MMDDYYYY | <b>07</b> | <b>26</b>       | <b>1980</b> |   |
| PASSENGER                             | <input checked="" type="checkbox"/> | WITNESS                                       | <input type="checkbox"/> | UNIT # | <b>2</b> | SEAT<br>POS. | <b>3</b> | AIRBAG | <b>2</b> | RESTR. | <b>9</b> | EJECT | <b>1</b> | HELMET<br>USE      |           | INJURY<br>CLASS | <b>7</b>    | NATURE OF INJURIES<br><b>NECK AND BACK PAIN</b> |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                     | <b>COLE KENNETH R</b>                         |                          |        |          |              |          |        |          |        |          |       |          |                    |           |                 |             |   |
| ADDRESS & PHONE #                     |                                     | <b>7923 56TH DRIVE NE MARYSVILLE WA 98270</b> |                          |        |          |              |          |        |          |        |          | SEX   | <b>M</b> | D.O.B.<br>MMDDYYYY | <b>12</b> | <b>06</b>       | <b>1941</b> |   |
| PASSENGER                             | <input checked="" type="checkbox"/> | WITNESS                                       | <input type="checkbox"/> | UNIT # | <b>3</b> | SEAT<br>POS. | <b>3</b> | AIRBAG | <b>2</b> | RESTR. | <b>9</b> | EJECT | <b>1</b> | HELMET<br>USE      |           | INJURY<br>CLASS | <b>7</b>    | NATURE OF INJURIES<br><b>NECK PAIN</b>          |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL) |                                     |   |                          |        |          |              |          |        |          |        |          |       |          |                    |           |                 |             |   |
| ADDRESS & PHONE #                     |                                     |   |                          |        |          |              |          |        |          |        |          | SEX   |          | D.O.B.<br>MMDDYYYY |           |                 |             |   |
| PASSENGER                             | <input type="checkbox"/>            | WITNESS                                       | <input type="checkbox"/> | UNIT # |          | SEAT<br>POS. |          | AIRBAG |          | RESTR. |          | EJECT |          | HELMET<br>USE      |           | INJURY<br>CLASS |             | NATURE OF INJURIES                              |

NARRATIVE

07/04/2014 1718 hours, responded to a 3 car non-injury non-blocking collision. The collision occurred S/B State Route 9 at the intersection of Market Place. The driver of vehicle one advised that he was in the middle lane and observed the vehicles in the outside lane start to move. Driver of vehicle 1 started to pull forward and struck the rear of vehicle 2 which was pushed into the rear of vehicle 3. Passenger of vehicle 2 and passenger of vehicle 3 advised of minor head and neck pain. Both declined aid response indicating that they would seek medical attention themselves. All parties exchanged information and were given the Lake Stevens P.D. case number.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

**07-04-14 07:05 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**7/5/2014 5:44:21 PM**

BADGE OR ID # **130**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**5:18 PM**

TIME POLICE ARRIVED

**5:47 PM**



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E339441**

CASE # **14-01541**

**COMMERCIAL MOTOR CARRIER**

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

LAST NAME

COLE

FIRST NAME

LAURA

MIDDLE INITIAL

L

STREET NEW ADDRESS

7923 79TH DRIVE NE

CITY

MARYSVILLE

ST

WA

ZIP

98270

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

COLE\*LL511PJ

STATE

WA

SEX

F

D.O.B. MMDDYYYY

10

-

11

-

1949

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

759WVB

STATE

WA

VIN#

3GNDA13D88S53705

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2008

MAKE

CHEV

MODEL

HHR LS

STYLE

4H

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒

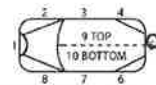
INSURANCE CO & POLICY # FARMERS 194627534

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

**07-04-14 07:05 PM**

DATED:

PLACE SIGNED

BADGE OR ID #

130

ORI #

WA0311900

APPROVED BY

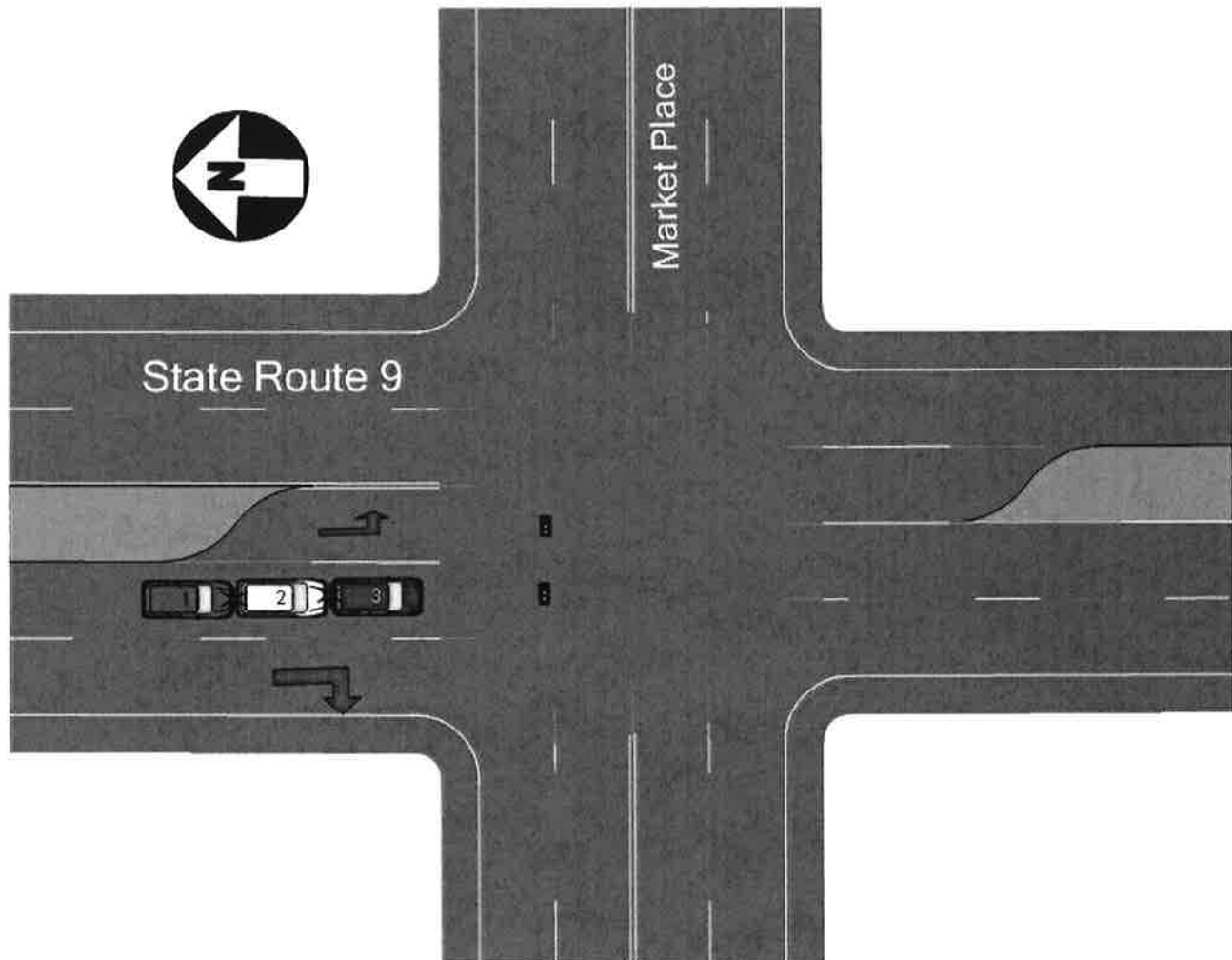
SUMMERS

DATE

7/5/2014

PAGE 3

OF 4



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01541


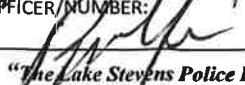
### VICTIM / WITNESS

|                                    |   |                                       |          |          |                     |              |             |            |             |             |
|------------------------------------|---|---------------------------------------|----------|----------|---------------------|--------------|-------------|------------|-------------|-------------|
| NON-DISC <input type="checkbox"/>  | NAME (LAST, FIRST MIDDLE)<br>Kuchan, Robert Emery | RACE<br>W                             | ETH<br>W | SEX<br>M | DOB<br>2/28/65      | AGE<br>49    | HGT<br>5'11 | WGT<br>200 | HAIR<br>BRN | EYES<br>HAR |
| STREET ADDRESS<br>17324 58TH ST SE |   | CITY<br>Snohomish                     |          |          | STATE<br>WA         | ZIP<br>98290 | RES. STATUS |            |             |             |
| HOME PHONE<br>206-769-5723         |   | CELL PHONE<br>Same                    |          |          | PLACE OF EMPLOYMENT |              |             |            |             |             |
| WORK PHONE                         |   | EMAIL ADDRESS<br>Rob.Kuchan@yahoo.com |          |          |                     |              |             |            |             |             |

I, Robert Kuchan, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was the driver. CARS started to move ON my Right and I pressed the gas to go and hit the car in front of me from behind -

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|  |                        |   |
|--|------------------------|---|
| SIGNATURE:<br>      | DATE SIGNED<br>7-4-14  | LOCATION SIGNED<br>Albertsons parking lot |
| OFFICER/NUMBER:<br> | DATE SIGNED<br>8/14/14 | LOCATION SIGNED<br>LAKE STEVENS           |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1  
ORIGINAL

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01591

### VICTIM / WITNESS

|                                   |  |                                    |     |          |  |              |             |            |             |              |
|-----------------------------------|--|------------------------------------|-----|----------|--|--------------|-------------|------------|-------------|--------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE)<br>LOSTER, AREN MICHELLE W | RACE<br>W                          | ETH | SEX<br>F | DOB<br>01-29-1981                        | AGE<br>33    | HGT<br>5'7" | WGT<br>175 | HAIR<br>BLD | EYES<br>BLUE |
| STREET ADDRESS<br>31016 8th St    |  | CITY<br><del>ARE</del> EVERETT     |     |          | STATE<br>WA                              | ZIP<br>98201 | RES. STATUS |            |             |              |
| HOME PHONE<br>#                   |  | CELL PHONE<br>425-387-2843         |     |          | PLACE OF EMPLOYMENT<br>FANNYS RESTAURANT |              |             |            |             |              |
| WORK PHONE<br>360 1053-8164       |  | EMAIL ADDRESS<br>VWS31@a.yahoo.com |     |          |  |              |             |            |             |              |

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was at a complete stop on Hwy 9 going South just before the light for Market Pl. The light had just turned green but I was still stopped waiting for traffic to go. When I got slammed from behind and hit the car in front of me. Eliza Malmborgs neck instantly hurt. We all got out and decided to exchange info in the Albertsons parking lot.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|                          |                         |  |
|--------------------------|-------------------------|--|
| SIGNATURE:<br>           | DATE SIGNED<br>7-4-2014 | LOCATION SIGNED<br>Hwy 9 - Marketplace |
| OFFICER/NUMBER<br>570414 | DATE SIGNED             | LOCATION SIGNED<br>Lake Stevens, WA    |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01541

### VICTIM / WITNESS

|   |  |                            |     |          |                                |              |             |            |             |              |
|---|--|----------------------------|-----|----------|--------------------------------|--------------|-------------|------------|-------------|--------------|
| NON-DISC <input type="checkbox"/>             | NAME (LAST, FIRST MIDDLE)<br>Cole Laura Linder | RACE<br>C                  | ETH | SEX<br>F | DOB<br>10-11-1949              | AGE<br>62    | HGT<br>5'6" | WGT<br>165 | HAIR<br>Red | EYES<br>Blue |
| STREET ADDRESS<br>7923 56 <sup>th</sup> Dr NE |  | CITY<br>Marysville         |     |          | STATE<br>WA                    | ZIP<br>98270 | RES. STATUS |            |             |              |
| HOME PHONE<br>Retired                         |  | CELL PHONE<br>425-345-5182 |     |          | PLACE OF EMPLOYMENT<br>Retired |              |             |            |             |              |
| WORK PHONE                                    |  | EMAIL ADDRESS              |     |          |                                |              |             |            |             |              |

I, Laura Cole, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At about 5:15 pm May 9 we were waiting several cars back from a red light. It turned green. Just as I was pulling forward to go I heard what sounded like a car hitting another. Then within a second or so was hit from behind. After getting out we saw that this was a three-car accident. All car drivers agreed to get to the local grocery and call the police & exchange information. I was not hurt (apparently) but my husband (as a passenger) immediately complained of neck pain.

14-1541

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

|                                 |                          |                                 |
|---------------------------------|--------------------------|---------------------------------|
| SIGNATURE:<br><u>Laura Cole</u> | DATE SIGNED<br>7-04-2014 | LOCATION SIGNED                 |
| OFFICER/NUMBER:<br><u>Paul</u>  | DATE SIGNED<br>010414    | LOCATION SIGNED<br>Lake Stevens |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14012893

Case Numbers: \$SS14001541

Entered 07/04/14 17:18:33 BY SPCT08 SP0373

Dispatched 07/04/14 17:18:49 BY SPSC40 SP0339

Enroute 07/04/14 17:18:49

Onscene 07/04/14 17:46:10

Closed 07/04/14 17:47:42

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 303 91 AV NE , LKS -- ALBERTSONS , LKS btwn MARKET PL & SR 204 (V)

Loc Info:

Name: LOSIER, ERIN

Addr:

Phone: 4253872843

/1718 (SP0373) ENTRY , CC, NON INJ, NON BLKING, WHI HYUNDAI SANTAFE VS  
TAN CHEVY TRAILBLAZER VS BLU HHR, PULLED INTO P  
KLOT  
/1718 (SP0339) DISPER 19D2 #SS115 THOR, OFFICER (ANDREW)  
/1719 \$PREMPT 19D2  
/1719 \$DISPER 19R1 #SS130 RUTHERFORD, OFCR (RICH)  
/1719 PREDSP 19D2 19R1  
/1730 (SS130 ) \*MISC 19R1 , VEH 1 ADJ6151, KUCHAN, ROBERT E 022865, AMERICA  
N FAMILY 2335 9308 Q277FPPA WA.  
/1732 \*MISC 19R1 , VEH 2 005ZLW, LOSIER, AREN M 012981, USAA 01737  
1544U  
/1733 \*MISC 19R1 , PASSENGER VEH 2 MALMBERG, ELIZA A 072680. 42531  
40125  
/1734 \*MISC 19R1 , VEH 3 759WVB COLE, LAURA L 101149, FARMERS 1946  
27534.  
/1736 \*MISC 19R1 , PASSENGER VEH 3, COLE, KENNETH R 12061941. 4253  
46 5180  
/1742 (SP0368) ASNCAS 19R1 \$SS14001541  
/1746 (SS130 ) \*ONSCNE 19R1  
/1746 \*MISC 19R1 , PASSENGER VEH 2 COMPLAINING OF NECK PAIN DECLIN  
ED AID.  
/1747 \*MISC 19R1 , PAASSENGER VEH 3 COMPLAINED OF NECK AND BACK PA  
IN. DECLINED AID  
/1747 \*CLEAR 19R1 D/H  
/1747 CLOSE 19R1

LSPD  
ORIGINAL